

DEPARTMENT OF HEALTH SERVICES

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August 13, 1998

PPL No. 98-018

To All County Medi-Cal Administrative Activities (MAA)/
Targeted Case Management (TCM) Coordinators and
Advisory Committee Members

REC-1
AUG
TCM/MAA

TARGETED CASE MANAGEMENT DOCUMENTATION TRAINING
QUESTIONS AND ANSWERS

Enclosed are the responses to the questions raised during the Targeted Case Management Documentation Training, conducted in Sacramento, on July 15, 1998. If any of the questions raised specific program policy issues, they will be further clarified in forthcoming Policy and Procedure Letters (PPLs). Please ensure this information is disseminated to appropriate staff in your Local Governmental Agency.

If you have any questions regarding this transmittal, please contact the Administrative Claiming Unit analyst assigned to your LGA.

Sincerely,

David Mitchell, Chief
Medi-Cal Benefits Branch

Enclosure

Targeted Case Management:	X
Medi-Cal Administrative Activities:	
Policy Effective Date:	7-1-95
Policy Reference:	Welfare & Institutions Code, Section 14132.44

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PPL Chron.

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**QUESTIONS AND ANSWERS
TARGETED CASE MANAGEMENT DOCUMENTATION TRAINING
JULY 15, 1998**

1. Can a Targeted Case Management (TCM) case manager, who manages a Medi-Cal eligible Tuberculosis (TB) client, bill the encounter as a TCM service.

If the TCM case manager is ONLY providing directly observed therapy (DOT) to the client then the answer is NO. However, if the TCM case manager is providing a TCM service, such as housing assistance, in addition to the DOT the answer is YES. The TCM case manager must document the TCM service component that was provided in the client case file.

2. After an encounter has been denied, due to an invalid date of birth, does the LGA have to go back to all of the prior encounter logs and Individual Service Plans (ISPs) and change the date of birth? Also, if the Medi-Cal number was incorrect, must all the logs, ISPs be changed?

Yes, TCM records must disclose the name, BIC number and date of birth of the person receiving the TCM services. TCM records include the TCM encounter log and the client case file. LGAs must ensure that documentation on the TCM encounter log and in the client's case file clearly and accurately identifies the actual client receiving the TCM services on the date for which a claim is submitted.

3. Are biting dogs or guns considered an environmental condition which would preclude a face-to-face contact with a client?

No. The Department of Health Services and Health Care Financial Administration currently defines an environmental condition as an act of nature that clearly prohibits a face-to-face contact with a client such as, severe weather conditions, earthquakes, flooding, mud slides etc.

4. Is it a requirement that the case manager and/or supervisor sign the Encounter Log?

No, it is not a requirement of the Department of Health Services.

5. Is it required that the client sign the Individualized Service Plan?

No, it is not a required element that the client sign the individualized service plan. The individualized service plan must be developed in consultation with the beneficiary and/or developed in consultation with the beneficiary's family or other social support system.

6. Can referral of the client to another provider be verbal?

Yes, however the Case Manager must document to whom the client was referred to. In addition, the TCM case manager must provide follow up within 30 days of a scheduled service to which a client was referred.

7. Is the "TCM Encounter Documentation Audit Form", contained on pages 33 and 34 of the July 1998 TCM Documentation Handbook, used to audit for one (1) encounter?

Yes.

8. Is non-duplication of services addressed in the TCM Documentation Handbook?

*Yes. Refer to the Sample Performance Monitoring Plan, contained on page 35. Payment for TCM services may not duplicate payments made to other programs authorities for the same purposes. Medi-Cal is the payor of last resort. Anytime a Medi-Cal covered service is also being provided by a non-Medi-Cal program, the provision of services, must default to the non-Medi-Cal provider. Refer to **PPL No. 96-028**, Performance Monitoring Plan and **PPL No. 97-025**, Performance Monitoring Plan Requirements for Case Management services.*

9. What programs are considered TCM for purposes of duplication: AIDS Waiver, LEAD, EPSDT, etc.? Does it matter whether or not a Community Based Organization (CBO) performs the service?

The potential duplication of case management services may occur regardless of the payer of the program, i.e., case management services reimbursed through Medi-Cal and/or non-Medi-Cal programs. Other programs that provide reimbursement for case management services include, but are not limited to the Medi-Cal Lead Program, the California Children's Services (CCS), and the Child Health and Disability Prevention (CHDP) programs.

The duplication of case management services would occur whether the services are performed by the LGA staff or CBO (regardless of the funding source).

10. Can persons on Medicare **ONLY** be eligible for TCM?

*No. Medicare, administered by the federal Social Security Administration, is a Health Insurance program that pays for certain medical services provided to individuals entitled to coverage. Medicare and Medi-Cal have distinctly different eligibility requirements. A person must be a Medi-Cal beneficiary to be eligible for TCM. Persons on **BOTH** Medi-Cal and Medicare are eligible for TCM*

11. Does the Performance Monitoring Plan have to be signed by the client?

No, it is not necessary that the client sign the Performance Monitoring Plan. Again, the Performance Monitoring Plan is a plan that the LGAs use for the purpose of ensuring non-duplication of TCM services.

12. What liability does the LGA have to be sure that the client understands the Client Declaration Procedure, contained on page 36 of the TCM Documentation Handbook, which states "Is anyone else helping you with _____, i.e., the specific need(s) identified through the TCM assessment?"

Ultimately, the liability to ensure non-duplication of services is the responsibility of the LGA. The performance monitoring plan should include protocols and procedures to establish a countywide system to ensure non-duplication of services. The exact system will be dependent upon each LGA, and the services provided by the LGA. The client declaration is one of many options in determining the possibility of a duplication of services. Some LGAs may determine that it is necessary to do more than simply ask a question of the client and document the answer in the client case file.

13. Is it duplication of services if a case is reassigned to a different nurse? What kind of documentation does the LGA need to complete so this reassignment is not considered a duplicate service?

No, it is not duplication of service to reassign a case file to a different nurse. It is recommended that the case manager make a notation in the client's case file that states that the client has been reassigned and the date of the reassignment.

14. Can the LGA bill TCM for the LEAD program?

No, TCM is not to be used to obtain reimbursement for lead-related case management services. All lead-related case management services for Medi-Cal eligible beneficiaries must be invoiced and reimbursed through Medi-Cal Lead program.

15. All the samples in the TCM Documentation Handbook refer to public health. How about public guardian?

If the LGA is encountering unique problems with the Public Guardian office participation in the TCM program, call your MAA/TCM coordinator, or the applicable Administrative Claiming Unit analyst.

QUESTIONS AND ANSWERS
REVENUE
JULY 15, 1998

1. How are the "realignment" monies handled?

This is county general fund and is eligible to use as match, but only if used for TCM or MAA.

2. How are the "private foundation" monies handled?

The private foundation monies are available for match. Additional information on revenue match/offset guidelines will be distributed in a forthcoming Policy and Procedure Letter.